

College Drive, PO Box 2001  
Toms River, NJ 08754-2001

**OCEAN**

*phone* 732.255.0400

*fax* 732.864.3850

**COUNTY COLLEGE**

*web* [www.ocean.edu](http://www.ocean.edu)

## Procedures for NJ STARS Appeals

Ocean County College has a committee to review requests for NJ STARS and tuition refunds. For consideration of an appeal, your written request must be submitted by the end of the semester in question. All appeals to the committee are submitted to **Jennifer Kipp**, the NJ STARS Coordinator. Your appeal form must include your contact information; student ID number, telephone number, and address. Appeals are NOT accepted via email.

Include the following or your appeal will not be reviewed:

- The request must be in writing and involve an extenuating circumstance which prohibited initial enrollment or continued enrollment in registered courses. Include all your contact information. Back-up documentation is required in order to review the circumstances and make a decision; i.e., medical (medical doctor's written confirmation), or military (supervising officer), etc.

All statements must be on business stationary and include dates and events. Make a copy for your records, as these statements will not be returned to you.

If your appeal is granted, the college may waive your tuition charges.

If you are applying for a tuition refund, your request will only be granted one time, for one semester only. Future requests will not be considered.

Email **Jennifer Kipp** with any questions: [jkipp@ocean.edu](mailto:jkipp@ocean.edu). Do NOT email your appeal.

Mail or bring in your letter and documents to:

**Jennifer Kipp**, NJ STARS Coordinator

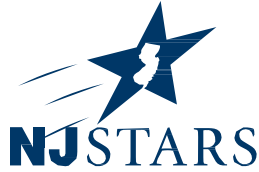
Attention: Advising Office

Ocean County College

P.O. Box 2001

Toms River, NJ 08754

You will receive a response within 30 days of receipt of your letter.



# APPEAL FORM

In order to appeal your NJ STARS award, you must complete this form and attach the required documentation. NJ STARS Appeal forms lacking appropriate documentation will be regarded as incomplete and/or denied. All supporting documentation must be legible. (Please consult with Financial Aid Office regarding tuition appeal.)

Please read and complete this application.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Appeal submitted for:  Leave of absence for semester  Approval to attend part time (minimum of 6 credits)

Please indicate the semester for which the appeal is to be considered.  Fall 20\_\_  Spring 20\_\_

Have you had a previous appeal?  No  Yes (Indicate semester of the previous appeal \_\_\_\_\_)

Are you requesting a Tuition Refund Appeal?  No  Yes The amount of tuition appealed: \$ \_\_\_\_\_

Are you requesting an F to W Appeal?  No  Yes

## REASONS FOR APPEAL

Please indicate which mitigating situation best applies to the reason you have experienced academic difficulty. You must provide a detailed explanation of the factors contributing to your circumstances.

Medical: If a medical problem contributed to the failure to maintain satisfactory academic progress, attach documentation from a medical professional from whom you have received advice or treatment.

Death/Illness: If the death/illness of an immediate family member [(step) mother, (step) father, siblings, grandmother, grandfather, aunt, or uncle] contributed to the failure to maintain satisfactory academic progress, please attach appropriate copies of medical records, death certificate, etc.

Other Circumstances: Please clearly state the circumstance (not listed above) and provide appropriate documentation.

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All mitigating circumstances must be documented. All supporting documentation must be legible.

I understand that a NJ STARS Appeal Form that is incomplete or lacks appropriate documentation can delay the decision of my appeal and/or be denied.

NJ STARS Appeals must be submitted by the end of the semester in which you are experiencing the mitigating circumstance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For NJSTARS Certifying Official Use Only.

Finding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NJ STARS Certifying Official Name – Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only.

Choose one option only:

- Denied - NJSTARS Committee
- Approved - NJSTARS Committee (Detail below)
- Denied - Tuition Refund
- Approved - Tuition Refund (Detail below)
- Denied – F to W
- Approved – F to W (Detail below)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NJ STARS Certifying Official Name – Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition Certifying Official Name – Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return completed form directly to:

Jennifer Kipp  
Academic Advising  
Ocean County College  
P.O. Box 2001  
Toms River, NJ 08754  
Telephone: 732-255-0400 x 2933